

PLEASE ARRANGE TO SURVEY  
VEHICLE AT 30 BUKIT BATOK  
CRESCENT (S 658075)

Selamatshahh  
CLAIM DEPARTMENT  
DID : 66547519  
FAX :

Date : 15/03/2023

To : ALLIANZ INSURANCE SINGAPORE PTE. LTD.

**ESTIMATION**

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : 1

Accident Date : 10/02/2023

Vehicle No : GBF-4981-L

Make & Model : NISSAN NV200 1.5 DIESEL G (M) EURO 5

**ESTIMATED REPAIR COST DETAILS**

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<b><u>Nett Item</u></b>			
1	FRONT BUMPER	739.40	
1	FRONT BUMPER RETAINER LH	25.20	
10	FRONT BUMPER CLIPS	50.00	
1	FRONT FENDER LH	RESTORE	
<b>Sub Total</b>		<b>814.60</b>	
<b>Discount 10% On Parts</b>		<b>(81.46)</b>	
<b><u>Labour &amp; Misc</u></b>			
	LABOUR TO FACILITATE REPAIR	400.00	
	TO RESPRAY AFFECTED AREAS	400.00	

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### ESTIMATED REPAIR COST DETAILS

Excess

: 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	800.00	

1,533.14

Remarks:

SUB TOTAL

GST 8.0 %

122.65

TOTAL

1,655.79

Surveyor's name: \_\_\_\_\_

Principal's name: ETHOZ Group Ltd

Survey Date & Time: \_\_\_\_\_

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	08/03/2023 15:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/02/2023 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4981L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943G
Email Address	accidentreport@ethozprotect.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	-

### DRIVER

Name of Driver	RAMULU VARADHARAJAN
Passport No/FIN	GXXXXX958R
Date Of Birth	29/06/1982
Occupation	Outdoor

Date Of Driving Pass	12/11/2018
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92708382
Alt. Phone Number	-
Email Address	noemail@com.sg
Address	BLK 329 YISHUN RING ROAD #02-1420
Address complement	-
Postcode	760329
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	ALPHONSE
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML7588H
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**SKETCH PLAN**

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false statement may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and consent that:
  - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
    - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
    - (ii) investigating the accident and/or my claims;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

*Chy* 08/01/2023

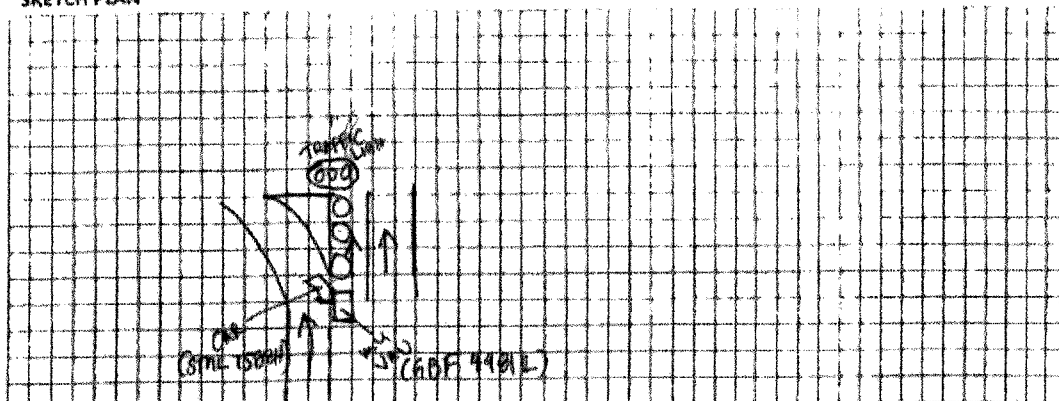
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA Form SP1923380002

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 10<sup>TH</sup> FEB 2023, AT UPPER CHANDAI ROAD MY VAN WAS IN STALLED POSITION WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN. I WAS WITHIN MY LANE WHILE WAITING. I NOTICED A BLACK CAR SWERVING NEAR TO MY RIGHT SIDE ENTERING THE 'LEFT ONLY' SLIP ROAD. UNFORTUNATELY, WHILE COMPLETING HIS LEFT TURN, HIS REAR BODY (ABOVE REAR WHEEL) APPEARED TO BE IN CONTACT WITH MY VAN'S RIGHT BUMPER. I WENT DOWN AND TOOK A LOOK AND FOUND THAT, ALTHOUGH THERE WAS CONTACT, MY VAN WAS FOUND WITH NO DAMAGES. HIS CAR APPEARED TO HAVE VISIBLE SCRATCHES ON THE CONTACTED PART. HE ASKED FOR MY PARTICULARS (DRIVING LICENSE) AND I OBLIGED GIVING. I WAS TAKING PICTURES OF THE INCIDENT WHERE HE HORRIBLY GAVE MY PARTICULARS BACK AND INFORMED ME "THIS IS NOTHING. I SETTLED IT MYSELF" AND DROVE OFF. AS MY VAN DID NOT HAVE ANY IMPACT FROM THE INCIDENT, THEREFORE, I DID NOT MAKE ANY REPORT. P/S: WHEN THE CONTACT HAPPENED, MY VAN IS STILL IN STALLED POSITION.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OO CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OO
✓	- Claim TP
	- Claim OO/ TP as other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.



Policyholder's signature  
Date & Time

*Signature* 08/02/23

Driver's Signature  
(If driver not the policyholder)  
Date & Time



Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.